

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation 45 Committee Inc.			3. FEC Identification Number C C90016478
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO Box 710993			
(c) City, State and ZIP Code Herndon VA 20171			
2. Occupation and Name of Employer (for Individual Filers Only)			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☒ 24-Hour Report
☐ October 15 Quarterly Report ☐ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y Y Y

5. COVERING PERIOD:

FROM	M M	/	D D	/	Y Y Y Y Y Y
THROUGH	M M	/	D D	/	Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	749879.68

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Wojciechowski, Maria, , ,

Wojciechowski, Maria, , ,

11/04/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

45 Committee Inc.

Full Name (Last, First, Middle Initial) of Payee

DDC

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
11 / 03 / 2016Mailing Address 805 15th Street, NW
Suite 300

Amount

536805.00

City State Zip Code
Washington DC 20005

Transaction ID : 001

Purpose of Expenditure
Media placementCategory/
Type 004Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Clinton, Hillary, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

20653319.36

Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

DDC

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
11 / 03 / 2016Mailing Address 805 15th Street, NW
Suite 300

Amount

118868.68

City State Zip Code
Washington DC 20005

Transaction ID : 002

Purpose of Expenditure
Phone callsCategory/
Type 004Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Clinton, Hillary, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

20772188.04

Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Wilson Perkins Allen

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
11 / 03 / 2016

Mailing Address 1319 Classen Drive

Amount

61000.00

City State Zip Code
Oklahoma City OK 73103

Transaction ID : 003

Purpose of Expenditure
SurveyCategory/
Type 005Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Clinton, Hillary, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

20833188.04

Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 716673.68

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

45 Committee Inc.

Full Name (Last, First, Middle Initial) of Payee

Spatial Analytics

Date of Public Distribution/Dissemination

MM / DD / YYYY
11 / 03 / 2016

Mailing Address 3712 4th Avenue

Amount

33206.00

Transaction ID : 004

Purpose of Expenditure
SurveyCategory/
Type 005Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Clinton, Hillary, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election
for Office Sought

20866394.04

Disbursement For: ☐ Primary ☒ General
2016
☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 33206.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 749879.68
(carry total from last page forward to Line 7)